## Message Text

UNCLASSIFIED POSS DUPE

PAGE 01 OTTAWA 03717 152140Z

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ACTION SCSE-00

INFO OCT-01 ISO-00 /001 W

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FM AMEMBASSY OTTAWA TO SECSTATE WASHDC 1060

**UNCLAS OTTAWA 3717** 

E.O. 11652: N/A

TAGS: CASC, CGEN, CA

SUBJ: WELFARE AND WHEREABOUTS: MICHAEL AND CORDELIA MCMINN

REF: OTTAWA 3620

1. EXTAFF REPORTS SEARCH OF MCMINNS AND VESSEL
"DRUM" BY CANADIAN AUTHORITIES CONTINUING. ALL PLANES
FROM TWO AIR FORCE SQUADRONS STATIONED AT COMOX HAVE
BEEN BRIEFED TO WATCH FOR VESSEL. SEVERAL RUMORS OF
SIGHTINGS HAVE BEEN FOLLOWED UP BUT RESULTS UNIFORMLY
NEGATIVE. MCINN'S PARENTS HAVE MET WITH CANADIAN
AUTHORITIES VANCOUVER AREA AND FULLY INFORMED OF
PROGRESS TO DATE. EXTAFF UNDERSTANDS THEY ARE TRAVELLING
UP ISLAND BY CAMPER DISTRIBUTING LEAFLETS AT MARINAS
AND BEING ASSISTED BY RCMP.

2. RCMP LOWER MAINLAND INVESTIGATIVE SECTION TRACING NEW LEAD PROVIDED BY CONFIDENTIAL SOURCE, BUT DID NOT DIVULGE CONTENTS. EXTAFF COMMENTED THAT CANADIAN AUTHORITIES HAVE RECEIVED NO FURTHER REPORTS OR REQUESTS FOR ASSISTANCE FROM US COAST GUARD OR FBI SINCE REFTEL. BELIEVE IT WOULD BE HELPFUL FOR US AGENCIES INVOLVED IN SEARCH TO MAINTAIN CLOSE CONTACT WITH CANADIANS AT WORKING LEVEL AS INDICATION OF CONTINUING INTEREST IN CASE. ENDERS

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## Message Attributes

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**Current Classification: UNCLASSIFIED** Concepts: WELFARE & WHEREABOUTS

Control Number: n/a Copy: SINGLE Draft Date: 15 SEP 1976 Decaption Date: 01 JAN 1960 Decaption Note: Disposition Action: n/a Disposition Approved on Date: Disposition Authority: n/a Disposition Case Number: n/a

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Disposition Date: 01 JAN 1960
Disposition Event:
Disposition History: n/a
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**Review Event:** 

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**Review Markings:** 

Margaret P. Grafeld Declassified/Released US Department of State EO Systematic Review 04 MÁY 2006

**Review Media Identifier:** Review Referrals: n/a Review Release Date: n/a Review Release Event: n/a **Review Transfer Date:** Review Withdrawn Fields: n/a

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Subject: WELFARE AND WHEREABOUTS: MICHAEL AND CORDELIA MCMINN

TAGS: CASC, CGEN, CA, (MCMINN, MICHAEL), (MCMINN, CORDELIA)

To: STATE

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